CAI	MPAIGN CONTRIBUTIONS AND EXPENSES	REPORT	1 0:	, 15	State of Nevada
Name	John R. Mayer Working Office (i	ashoe G	unty Scho		istrict (if applicable)
Mailir	ng Address (include city and zip code)	parks,	161 PO VIK	Telephone No.	
E-Ma	il Address		2010	OCT 11 P	112:41
	ct Appropriate Box(es) CANDIDATE PAC [	POL PRTY		NPROFIT CORP	
	☐ LEGAL DEFENSE FUND	AMENDED	□LOCAL BAG	ISTRAR OF	VOTERS
	Annual Filing - Due January 15, 2010 Period: January 1, 2009 – December 31, 2009				
	<b>Report #1 — Due June 1, 2010*</b> Period: Jan. 1, 2010 — May 27, 2010				
X	Report #2 Due — October 26, 2010* Period: May 28, 2010 — Oct. 21, 2010				
	<b>Report #3 Due — January 15, 2011*</b> /** Period: Oct. 22, 2010 — Dec. 31, 2010				
	Annual Filing – Due January 15, 2011 Period: January 1, 2010 – December 31, 20	10		FOR OF	FICE USE ONLY
	* These Reports are filed by incumbents/candi	idates in the a	2010 election cycl	e los. 1 and 2	
	CONTRIBUTIONS SUMMARY			This Period	Cumulative From Beginning of Report Period #1 through End of
					This Reporting Period
	Total Monetary Contributions Received in Excess of \$10     (See page 1 of instruction sheet)	10		0	0
	<ol><li>Total Monetary Contributions in the form of loans guard party. (See page 2 of instruction sheet)</li></ol>	anteed by a third		0	0
	<ol><li>Total Monetary Contributions in the form of loans that w (See page 2 of instruction sheet)</li></ol>	rere forgiven	. Cumulative From	0	0
		This Period	Beginning of Report Period #1 Through End of This Reporting Period		
	4. Total Amount of Monetary Contributions				
	Received (Add Lines 1 through 3) (See page 2 of instruction sheet) 5. Total Amount of Written Commitments for			0	0
	Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)  6. Total Value of In Kind Contributions Received in	0	0		
	Excess of \$100 (See page 2 of instruction sheet)	0	0		
	E)	(PENSES SU	MMARY		
	Total Monetary Expenses Paid in Excess of \$100     (See page 2 of instruction sheet)			0	0
	Total Value of In Kind Expenses in Excess     of \$100 (See page 3 of instruction sheet)	0	0		
		AFFIRMAT	ION		
I De	clare Under Penalty of Perjury That the Forego	ing is True ar	nd Correct.	In 11	
Signa	ture of all all all all all all all all all al		Date	10-(0	

PAGE 1 OF 7

EL201.doc

Revised: Sept. 2009



Washoe County School Trustee Office (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
N/A			92		
/					
		7 05A			
		100 mm 10			

This page may be copied or duplicated if additional space is needed.



Office (if applicable)

ru6tee B District (if applicate

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
N/A		

This page may be copied or duplicated if additional space is needed.

PAGE 3 OF 7

*‡* 2

John R.M.

Washedounty School Trustee J Office (if applicable) District (if ap

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A			
		2200	

This page may be copied or duplicated if additional space is needed.

PAGE\_\_\_\_OF\_\_\_\_

Washoe County School Trustee B District (if applicable)

## IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
N/A						
						Total Control

This page may be copied or duplicated if additional space is needed.

PAGE 5 OF 7

John R. Mayer Washae County School Trustee B Name (print) Office (if applicable) District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
N/A		

Washoldounty School Office (if applicable)

## IN KIND

Expenses in Excess of \$100
Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
N/A			

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

PAGE 7 OF 7